

Lanier County Sheriff's Office  
ORA Office  
63 W Church Ave  
Lakeland, GA 31635

March 26, 2019

To Whom It May Concern:

Pursuant to the Georgia Open Records Act, I hereby request the following records:

Any and all information regarding the December 2015 disappearance of Brandon Lee Helms.

The requested documents will be made available to the general public, and this request is not being made for commercial purposes.

In the event that there are fees, I would be grateful if you would inform me of the total charges in advance of fulfilling my request. I would prefer the request filled electronically, by e-mail attachment if available or CD-ROM if not.

Thank you in advance for your anticipated cooperation in this matter. I look forward to receiving your response to this request within 3 business days, as the statute requires.

Sincerely,

Marissa Jones

Filed via MuckRock.com  
E-mail (Preferred): 70969-55478297@requests.muckrock.com

For mailed responses, please address (see note):

MuckRock News  
DEPT MR 70969  
411A Highland Ave  
Somerville, MA 02144-2516

PLEASE NOTE: This request is not filed by a MuckRock staff member, but is being sent through MuckRock by the above in order to better track, share, and manage public records requests. Also note that improperly addressed (i.e., with the requester's name rather than "MuckRock News" and the department number) requests might be returned as undeliverable.

Local Record  
Check Only

record  no record

3 pages to follow  
Dewell 3.27.19

## LANIER COUNTY SHERIFF'S OFFICE INCIDENT REPORT

AGENCY ID  
GA0860000PUBLIC COPY  
ORIGINAL REPORTCASE NUMBER  
2015-12-16403

Statute	INCIDENT TYPE	CNT	GOC	UCR CODE	UCR DESCRIPTION				
	MISSING PERSON	1		7399	OTHER: OTHER THAN WHATS AVAILABLE				
LOCATION DESCRIPTION AND ADDRESS 321 TEETERVILLE HWY LAKELAND, GA 31635			ZONE	PREMISE TYPE					
EVENT	INCIDENT DATE	TIME	DATE	TIME	DISCOVERED BY				
	12/13/2015	2300	TO	12/14/2015	1720	Officer <input type="checkbox"/> On Patrol <input checked="" type="checkbox"/> Party <input type="checkbox"/> Private Security			
STRANGER TO STRANGER YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>					WEAPON TYPE				
DAY OF THE WEEK (INCIDENT) SUN MON TUE WED THU FRI SAT UNK RAIN					GUN <input type="checkbox"/> KNIFE <input type="checkbox"/> HANDS/FISTS, ETC. <input type="checkbox"/> OTHER UNKNOWN				
PROPERTY TOTALS	01 - VEHICLES		02 - CURRENCY, NOTES, ETC.		03 - JEWELRY, PREC. METALS	04 - FURS	THEFT / RECV.		GOVT PROP.
	STOLEN <input type="checkbox"/>	RECOVERED <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	05 - CLOTHING		06 - OFFICE EQUIP.		07 - TV, RADIO, ETC.	08 - HOUSEHOLD GOODS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	STOLEN <input type="checkbox"/>	RECOVERED <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	09 - FIREARMS		10 - CONSUMABLE GOODS		11 - LIVESTOCK	12 - OTHER	TOTALS <input type="checkbox"/>	<input type="checkbox"/>	THEFT DATE <input type="checkbox"/>
	STOLEN <input type="checkbox"/>	RECOVERED <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						DID INVESTIGATION INDICATE THAT INCIDENT WAS GANG RELATED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
	IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER	DRUG 1 <input type="checkbox"/>	DRUG 2 <input type="checkbox"/>	DRUG 3 <input type="checkbox"/>	DRUG 4 <input type="checkbox"/>	DRUG 5 <input type="checkbox"/>	NAME OF GANG:		
	DRUG 6 <input type="checkbox"/>	DRUG 7 <input type="checkbox"/>	DRUG 8 <input type="checkbox"/>	DRUG 9 <input type="checkbox"/>	DRUG 10 <input type="checkbox"/>		<input type="checkbox"/>		
STATE	OCA <input type="checkbox"/>	<input checked="" type="checkbox"/> ENTRY	<input type="checkbox"/> CANCEL	<input type="checkbox"/> CLEARANCE	CASE STATUS				
	PERSON <input checked="" type="checkbox"/> WARRANT <input type="checkbox"/> VEHICLE <input type="checkbox"/> ARTICLE <input type="checkbox"/> BOAT <input type="checkbox"/> GUN <input type="checkbox"/>	ACTIVE <input checked="" type="checkbox"/>	1 CLEARED BY ARREST <input type="checkbox"/>	2 EX CLEARED <input type="checkbox"/>	3 UNFOUNDED <input type="checkbox"/>	4 INACTIVE <input type="checkbox"/>	5		
ADMINISTRATION	ARREST AT OR NEAR OFFENSE SCENE		TOTAL NUMBER ARRESTED		DATE OF REPORT	12/14/2015	ADULT <input checked="" type="checkbox"/>	JUVENILE <input type="checkbox"/>	
	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	EVIDENCE COLLECTED? <input type="checkbox"/>	PHOTOS TAKEN? <input type="checkbox"/>	FOLLOW UP - PATROL? <input type="checkbox"/>	<input checked="" type="checkbox"/>	CLEARANCE DATE <input type="checkbox"/>				
	PRINTS TAKEN? <input type="checkbox"/>	COMPLAINT UNFOUNDED? <input type="checkbox"/>	FOLLOW UP - DETECTIVES <input type="checkbox"/>	<input checked="" type="checkbox"/>	CASE STATUS	ACTIVE <input type="checkbox"/>			
	BIO./DNA EVIDENCE? <input type="checkbox"/>	WILLING TO PROSECUTE? <input type="checkbox"/>	RESPONSE CODE <input type="checkbox"/>						
	REPORTING OFFICER <input type="checkbox"/> 488 <input type="checkbox"/> JAMES SMITH	REVIEWED BY <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	APPROVING OFFICER <input type="checkbox"/> 452 <input type="checkbox"/> JERRY CHERRY	REVIEWED DATE <input type="checkbox"/>			CRIMINAL INVESTIGATIONS <input type="checkbox"/>				
	APPROVED DATE <input type="checkbox"/> 12/15/2015	DIVISION ASSIGNED <input type="checkbox"/>			ASSIGNED DATE <input type="checkbox"/> 12/15/2015				
		INVESTIGATOR ASSIGNED <input type="checkbox"/> 328 <input type="checkbox"/> JOHN OLSEN			ASSIGNED DATE <input type="checkbox"/> 12/15/2015				

## LANIER COUNTY SHERIFF'S OFFICE INCIDENT REPORT

AGENCY ID

GA0860000

CASE NUMBER

2015-12-16403

PERSONS	<input type="checkbox"/> COMPLAINANT	<input type="checkbox"/> VICTIM	<input type="checkbox"/> WITNESS	<input type="checkbox"/> OFFENDER	<input type="checkbox"/> PRIMARY AGGRESSOR	<input type="checkbox"/> JUVENILE	<input type="checkbox"/> RAPE VICTIM	<input type="checkbox"/> WARRANT	<input type="checkbox"/> ARRESTED
	NAME HELMS, BRANDON LEE								
	ADDRESS 321 TEETERVILLE HWY								
	CITY LAKELAND			ST	GA	ZIP	31635		
	EMAIL								
	SSN		RACE	W	HEIGHT	600	HAIR	BRO	
	DOB		AGE	M	WEIGHT	145	EYES	BLU	
	MISSING <input checked="" type="checkbox"/>		DEAD/UNIDENTIFIED <input type="checkbox"/>		UNKNOWN <input type="checkbox"/>	RETURNED <input type="checkbox"/>	WANTED <input type="checkbox"/>	SUSPECT <input type="checkbox"/>	WORK PHONE
	OFF. DATE/TIME						ARR. AGENCY		
	ARREST DATE						ARREST TIME		
ARREST / AT NEAR						OFFENDER TRACK NO.			
						GCIC CLASS. NO.			
<b>CHARGES</b> STATUTE      INCIDENT TYPE      CNT      UCR CODE      UCR DESCRIPTION									
PERSONS	<input type="checkbox"/> COMPLAINANT	<input type="checkbox"/> VICTIM	<input checked="" type="checkbox"/> WITNESS	<input type="checkbox"/> OFFENDER	<input type="checkbox"/> PRIMARY AGGRESSOR	<input type="checkbox"/> JUVENILE	<input type="checkbox"/> RAPE VICTIM	<input type="checkbox"/> WARRANT	<input type="checkbox"/> ARRESTED
	NAME KILCREASE, MONTE								
	ADDRESS 321 TEETERVILLE HWY								
	CITY LAKELAND			ST	GA	ZIP	31635		
	EMAIL								
	SSN		RACE	W	HEIGHT	510	HAIR	BRO	
	DOB		AGE	M	WEIGHT	185	EYES	BRO	
	MISSING <input type="checkbox"/>		DEAD/UNIDENTIFIED <input type="checkbox"/>		UNKNOWN <input type="checkbox"/>	RETURNED <input type="checkbox"/>	WANTED <input type="checkbox"/>	SUSPECT <input type="checkbox"/>	WORK PHONE
	OFF. DATE/TIME						ARR. AGENCY		
	ARREST DATE						ARREST TIME		
ARREST / AT NEAR						OFFENDER TRACK NO.			
						GCIC CLASS. NO.			
<b>CHARGES</b> STATUTE      INCIDENT TYPE      CNT      UCR CODE      UCR DESCRIPTION									

## LANIER COUNTY SHERIFF'S OFFICE INCIDENT REPORT

AGENCY ID  
GA0860000CASE NUMBER  
2015-12-16403

NARRATIVE		Seq. No.	2
Narrative Type	Reporting Officer	Statement Date	Time
NARRATIVE	488 JAMES SMITH	12/14/2015	1300
At 1300 hours on Monday 12/14/2015, I was contacted at the Sheriff's Office by Monte Lee Kilcrease W/M in reference to Brandon Lee Helms W/M who was last seen 12/13/2015 at a residence located at 321 Teeterville Rd, Lakeland, Lanier County, Georgia.			